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Progress report on follow-up to the World Summit for Children

Summary

This seventh annual progress report on implementation of the Declaration and Plan of Action of the World Summit for Children provides a global overview of progress towards the major Summit goals. As requested by the Executive Board in decision 1997/20 (E/ICEF/1997/12/Rev.1), it also contains information on actions taken to respond to the needs of children requiring special protection measures, such as those affected by child labour, sexual exploitation and disabilities. Also in response to decision 1997/20, it includes an annex on steps taken to implement the strategy for improved nutrition of children and women in developing countries.

Available data indicate that the ratification of the Convention on the Rights of the Child by 191 countries and the endorsement of the Summit Declaration and Plan of Action by 181 countries have enabled the mobilization of a broad base of support and the creation of partnerships for children everywhere. Available data reveal that while there has been general progress towards the major Summit goals, it is imperative to enhance national and international efforts if they are to be achieved. The report identifies priority actions designed to accelerate progress towards the goals during the period 1998-2000.

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Introduction

1. Paragraph 35 (v) of the Plan of Action of the World Summit for Children requested the governing bodies of the relevant specialized agencies and the United Nations organs to include a periodic review of implementation of the Declaration and Plan of Action at their regular sessions. The Executive Director thus submits to the Executive Board the seventh annual progress report on follow-up to the World Summit for Children.

2. The report provides a global overview of progress made towards the major Summit goals. It identifies specific actions required to accelerate progress between now and the end of the decade, taking into account the lessons learned at mid-decade and the findings that are emerging from multiple indicator cluster surveys (MICS) (see paragraph 11 below).

I. Overview of progress towards the goals for children

A. The global context

3. The firm commitments made at the Summit to give every child a better future and to give high priority to children's rights continue to be relevant. Today, there is greater recognition of the human rights of children, as illustrated by the near universal ratification of the Convention on the Rights of the Child, the campaigns for its wide dissemination and the development of national implementation and monitoring processes. As of February 1998, 125 reports had been submitted to the Committee on the Rights of the Child, including eight periodic reports indicating the progress achieved since the initial report. These reports provide information on the achievement of the Summit goals and on national programmes of action (NPAs), which facilitate the development of national strategies for the realization of children's rights. To date, 181 countries, the majority of which have adopted NPAs, have signed the World Declaration on the Survival, Protection and Development of Children.

4. The time-bound goals identified by the Summit continue to provide a decisive tool for mobilizing commitment around children and measuring progress towards the realization of their rights. The implementation of the Summit agenda has become increasingly imbued by the values of the Convention on the Rights of the Child. Thus, it has become essential to assess the situation of all groups of children, shed light on the forgotten, identify the unreached and provide priority attention to those living in the most vulnerable circumstances. Averages, although important, are recognized as insufficient; disaggregation of data is essential in order to reveal persisting geographic, economic, social or gender disparities and to promote change and improvement. Achieving good results has become as important as considering processes, thus allowing for the assessment of root causes, the development of long-term strategies and the assurance of sustainability of interventions. The combined efforts of government authorities, the private sector and civil society have widened alliances and partnerships in favour of children. Multi-sectoral and integrated policies on children have been developed, national mechanisms on children have been established and a process towards decentralization has taken place which promotes solutions that are closely adjusted to the specific realities in which children live and is increasingly informed by a participatory decision-making process. Across regions, there are increasing numbers of children's parliaments, elections, opinion polls and participation in school and municipal councils, in addition to monitoring and reporting activities on the implementation of their rights.

5. Available data suggest that general progress has been made towards the Summit goals and that the significant progress made by mid-decade has been sustained in the majority of countries. Under-five mortality continues to improve globally, as do child nutrition, primary school attendance and adult literacy. Polio and dracunculiasis (guinea worm disease) are nearing eradication, improved oral rehydration therapy coverage continues to be reported and measles immunization has improved in many countries. Numerous countries continue to report improvements in breast-feeding, access to safe water and early childhood development, as well as reductions in iodine deficiency disorders, vitamin A deficiency or gender gaps in education.

6. However, based on currently available data, it appears that achieving the year 2000 targets set for the major goals will be difficult at the global and many regional levels. Without a major change in current trends, only East Asia and the Pacific, Central and Eastern Europe, the Commonwealth of Independent States (CIS) and the Baltic States and the industrialized countries appear to be on track to achieve the basic education target; the industrialized countries alone for the under-five mortality target, and no region for the malnutrition, safe water, sanitation or adult literacy targets. While this situation can be changed significantly by efforts at country level, together with clear commitment and mobilization by the international community, time is short to make it happen before the end of the decade.

7. National, regional and global reviews of progress towards the end-decade goals and the lessons learned over the past few years have shed light on the realities facing children and on issues requiring urgent consideration. These include the continuing rise in poverty, sharp declines in official development assistance (ODA) and the allocation of resources to basic social services, the striking spread of the HIV/AIDS pandemic and the increasing number of humanitarian emergencies affecting children.

8. During the 1990s, the world economy has performed strongly. The proportion of the population living in countries with 3 per cent or greater growth in gross domestic product per capita nearly doubled from 44 per cent in 1991 to 73 per cent in 1997. However, growth has become more "unequalizing"; income disparities have been widening in many countries and the number of people living in poverty continues to rise. According to the World Bank, 1.3 billion people live below the poverty line of $1 a day, of whom around one half are children. This greater inequality is often attributed to globalization, which has created major challenges for States to provide social protection for disadvantaged groups and to assist families with their child-rearing responsibilities, to prevent international economic integration from resulting in domestic social disintegration.

9. ODA as a proportion of donors' combined gross national product (GNP) declined from nearly 0.40 per cent in the early 1980s to an all-time low of 0.25 per cent in 1996. Since 1992, the absolute amount of ODA has declined continuously. Had the trend of the 1980s continued into the 1990s, the amount of ODA in 1996 would have been $15 billion higher - or nearly 30 per cent above the actual amount. Not only has real ODA declined, but the proportion allocated to the least developed and other low-income countries has not increased. Similarly, the share allocated to the basic social sectors has been insufficient to compensate for the decline in total ODA and remains well below the threshold recommended by the 20/20 initiative.

10. Since 1990, the number of humanitarian emergencies has increased from 20-25 to about 65-70 per year. The number of children affected has risen several-fold, social investment has decreased and access to services has been made more difficult. These emergencies have had a devastating impact on the family environment of children, inhibiting family structures from providing the necessary support and assistance to the child, provoking huge numbers of orphaned, displaced and refugee children and paving the way for a dramatic number of powerless child-

headed households that often are invisible and thus vulnerable to abuse and exploitation. In addition, HIV/AIDS has become a major cause of death in large areas of sub-Saharan Africa and parts of South and East Asia. Some 8 million children are orphans due to HIV/AIDS and it is estimated that this number will reach nearly 40 million by 2010. In the absence of a dramatic breakthrough in AIDS prevention or treatment, AIDS-related mortality in the next 20 years will significantly reduce global gains in child survival. These factors partly explain why progress on key goals has been slow in afflicted countries.

11. In 1997, UNICEF coordinated an evaluation of the MICS methodology, which was used to obtain data for monitoring progress towards the mid-decade goals. The evaluation assessed how MICS functioned and whether they might be adapted for future monitoring of the Summit goals and implementation of the Convention on the Rights of the Child. Its preliminary conclusions indicate that MICS have improved countries' capacities for survey research, data collection, analysis and reporting both at the national and subnational levels, thus enhancing their ability to monitor progress on the situation and rights of children. MICS have promoted intersectoral collaboration and have been used for advocacy for policy reform, programme planning and fund-raising on behalf of children. The MICS methodology has been shown to have a comparative advantage over other methods because it is based on probability sampling and is cost-efficient. The evaluation suggests using MICS as one relevant method for measuring both progress at the end of the decade and implementation of the Convention. It concludes that future MICS cannot be conducted in most countries without external financial assistance and additional technical support.

12. The availability of recent data for monitoring progress towards the Summit goals has improved during the decade. More countries have recent, good-quality data for child mortality and child malnutrition, with the number of countries with recent data on the latter having improved by nearly one half since it was reported in *The Progress of Nations* 1993. Weak data on water and sanitation have improved and sparse data on net primary school enrolment have been supplemented with attendance data, through the use of such surveys as MICS and demographic and household surveys. Much remains to be done, however. Currently available data on maternal mortality are inadequate for reporting on progress for most countries. Water and sanitation data still have major limitations, particularly in terms of comparability for assessing trends. The recent improved coverage of countries with timely data on primary-school-age children attending school is in danger of being lost without major improvements in routine national educational data systems. While there are more countries with recent data on child malnutrition, fewer countries have time-series data for assessing trends over the decade. Even for child mortality data, which have the most extensive set of time-series data, the increase to the year 2000 in deaths of children under five years of age from HIV/AIDS is likely to be underreported using the present measurement methods.

13. The progress report on follow-up to the World Summit for Children presented to the Executive Board in 1997 (E/ICEF/1997/14) identified the steps required to accelerate progress towards the achievement of the goals for the year 2000. One year later, they continue to constitute major challenges, despite the important developments identified below:

(a) *Strengthen linkages between the Convention and the Summit goals*. As indicated above, there has been considerable progress towards the realization of children's rights and in the achievement of the Summit goals. The Convention on the Rights of the Child increasingly is used as a framework within which steps towards the achievement of the goals are designed and implemented. The synergy created between the Convention and the Summit agenda has, ***inter alia***, paved the way for the identification of major child rights indicators to address all areas relevant to the lives of children. In this process, UNICEF collaborated closely with key partners.

For example, during the Executive Board's first regular session of 1998, the secretariat organized an informal meeting on global monitoring of the situation of children. It also organized an expert meeting on child rights indicators in February 1998;

(b) *Prioritize goals and strategies more closely to local realities*. There has been further progress in the translation of national priorities into subnational programmes. There is an increasing movement towards decentralized NPAs, including at the district, municipal and village levels, for example in Cambodia, Nicaragua, Uganda and Viet Nam. This trend fosters the consideration of policies for children in a context that is closer to their reality, promoting the involvement of communities, families and relevant actors of civil society in their design and implementation;

(c) *Build national capacity*. The enhancement of national capacity has continued to be a major challenge to ensure sustainability of programmes for children as well as to promote a sense of ownership among the relevant actors participating in their design and implementation. Civil society increasingly is involved in these efforts, for example in the promotion of the rights of children and women in Nigeria; in education and the prevention of discrimination, particularly on the basis of gender, in Pakistan, the Philippines and Tunisia; in the reduction of poverty in Bolivia; and in health, including increasing malaria awareness and prevention and efforts to reduce mortality and malnutrition in the United Republic of Tanzania. In all regions, there has been continuing development of national institutions for the promotion of children's rights;

(d) *Mobilize additional resources*. UNICEF supports studies on the financing of basic social services in more than two dozen countries. Their objective is to build national capacities to gather and analyze information on relevant expenditures covered by the 20/20 initiative. Regional workshops on methodologies and findings led to the creation of a strong intergovernmental network of policy makers on the initiative and a major international meeting will be held in Hanoi, Viet Nam later in 1998 to assess progress. UNICEF is working with Governments, the United Nations Development Programme and the World Bank to place the policy issues related to the financing of basic social services on the agenda of round table and consultative group meetings;

(e) *Increase inter-agency coordination, including follow-up to international conferences*. UNICEF has pursued its close cooperation with all levels of the United Nations system, which has gained a new dimension in view of the Secretary-General's reform programme. UNICEF has been active in the pilot phase of the United Nations Development Assistance Framework, the development of Common Country Assessments and in the formulation of sectoral investment programmes in health and education in several countries. The goal of these initiatives is to assist Governments in their development efforts, using as a conceptual basis the legislative framework arising from the international conventions in force in the countries concerned, including the Convention on the Rights of the Child, and from the major international conferences, including the World Summit for Children;

(f) *Modify the UNICEF system for allocation of general resources*. In 1997, the Executive Board adopted a new system for allocating general resources which will give priority to the countries where progress towards the end-decade goals has been lowest, while also allowing for flexibility. The new system will be implemented beginning in January 1999;

(g) *Follow-up to General Assembly resolution 51/186 of 16 December 1996*. This resolution requested the Secretary-General to report to the General Assembly at its fifty-third session on the preparations for the special session in 2001 designed to review the achievements of the goals of the World Summit for Children. The most critical component of this process is the review at the national level, to ensure that it is participatory, actively involves the relevant actors

of civil society, strengthens national capacities, promotes ownership and strengthens the follow-up system. Thus, these reviews will generally enhance the conditions for the effective promotion and realization of child rights. Each region has established an ongoing process to review progress towards the goals. The majority of the regional reviews are conducted at the ministerial level, ensuring important political commitment to the process and its follow-up. They will feed into the global review process, which in turn will allow for the assessment of progress at end-decade and pave the way for the shaping of a new agenda for children for the twenty-first century.

14. The Secretary-General's report to the fifty-third session of the Assembly is expected to be completed in draft by mid-July 1998. To support the preparation of this report, UNICEF has started a process of consultation that includes the agencies responsible for follow-up to other major United Nations conferences.

B. Progress towards the major goals

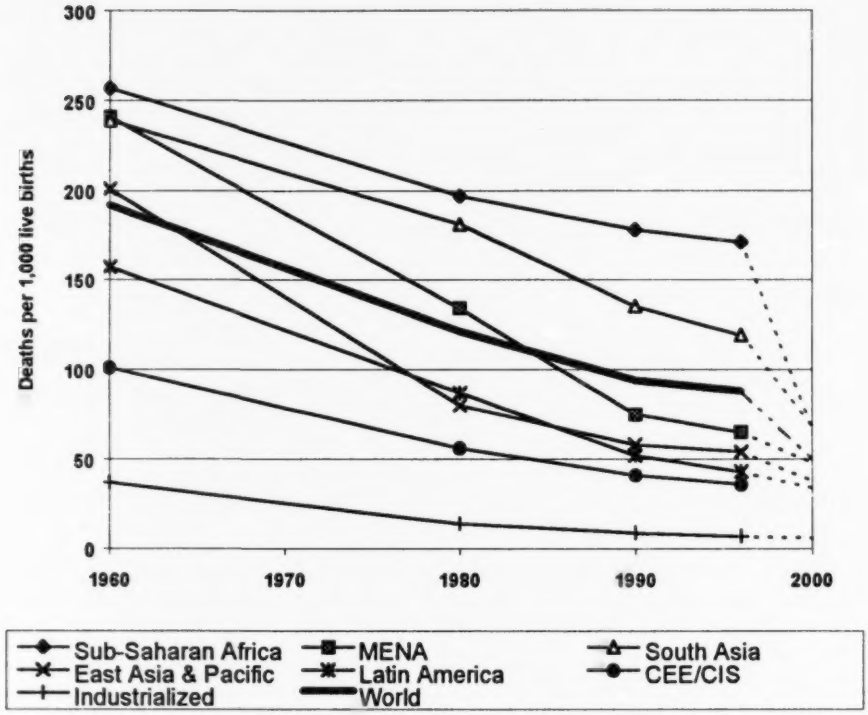
Under-five mortality

15. The Summit goal is to reduce the under-five mortality rate (U5MR) by one third or to 70 per 1,000 live births, whichever is lower. Based on currently available data, very few countries are on track to achieve the goal in sub-Saharan Africa and South Asia. The situation is somewhat better in the other regions, but only one third of counties are on track in East Asia and Pacific, Latin America and Central and Eastern Europe, CIS and the Baltic States. About one half of countries in the Middle East and North Africa and over two thirds of the industrialized countries are on track to achieve a one third reduction in U5MR.

16. Figure 1 (see next page) shows a continuing improvement in all regions, albeit at a decelerating pace in the 1990s compared with earlier decades and at a rate which is insufficient to achieve the end-decade goal. Major contributing factors to the slowdown are: (a) insufficient commitment and resources for the provision of essential services to disadvantaged communities to reduce the five major immediate causes of death of children under five years of age (acute respiratory infections, diarrhoea, measles, malaria and malnutrition); and (b) increased poverty and debt and the reduction in ODA noted earlier. The HIV/AIDS pandemic also is likely to undermine progress towards the end-decade goals. In 1997, the estimated proportion of deaths of children under five years of age due to HIV/AIDS was 4 per cent globally and 10 per cent in sub-Saharan Africa.

17. *Areas of focus.* Immunization coverage, which has stagnated in the 1990s after a rapid increase in the previous decade, must be raised to 90 per cent or more in order to have a significant impact on reducing U5MR. Therefore, the expanded programme on immunization needs to be sustained and widened. An integrated approach, including public education and use of impregnated bednets, has been shown to reduce malaria-related child deaths. Seven out of ten deaths of children under five years are attributable to the five major causes listed in paragraph 16 above or combinations thereof, and many of these deaths could be prevented by better health management. The joint UNICEF/World Health Organization (WHO) approach to the integrated management of childhood illness (IMCI), which became operational in 1996, is a means of significantly improving health management and the health and survival of children.

Figure I - Under-five mortality rates, 1960-2000



Source: UNICEF

Maternal mortality

18. The goal is to reduce 1990 levels of maternal mortality by one half. UNICEF and WHO have estimated that there were approximately 585,000 pregnancy-related deaths in 1990. Another 50 million women live with a permanent injury or chronic disability following complications from pregnancy or delivery. Globally, there is no evidence that significant progress has been made. As the end of the twentieth century approaches, the risk of a woman dying from pregnancy-related causes is 1 in 50 in the developing world and 1 in 10 in many parts of Africa. By contrast, the figure for developed countries can be as low as 1 in 9,000.

19. Several factors have emerged as critical to the reduction of maternal mortality. The Safe Motherhood Consultation held in Colombo, Sri Lanka in October 1997 identified the following: (a) the limited access of women in developing countries to economic resources and basic education, in addition to restrictions on their ability to make decisions related to reproductive and other health and nutritional issues; (b) every pregnant woman can develop sudden, life-threatening complications that will require quality obstetric care. Because attempts to predict these complications before they occur have not been successful, maternal health programmes must ensure access by all women to essential obstetric care services; (c) the attendance of a health

professional (doctor, nurse or midwife) during childbirth is critical; (d) improved nutritional status of women before and during pregnancy can contribute substantially to reducing maternal deaths; (e) extending coverage and improving quality of prenatal and post-natal care will increase the use of services; and (f) training of traditional birth attendants is effective only when supported by mechanisms for referral, supervision, monitoring and evaluation.

20. *Areas of focus.* UNICEF priorities include supporting specific interventions in countries to: (a) educate communities on safe motherhood and the rights of women; (b) improve access to essential obstetric care through support to communication and transport systems; (c) train midwives; (d) improve the nutrition of adolescent girls and women through community-based distribution schemes and antenatal care; (e) establish "mother-friendly" health services to ensure that health facilities provide a basic minimum standard of care for mothers and their infants; and (f) improve the quality of prenatal and post-natal care.

Child malnutrition

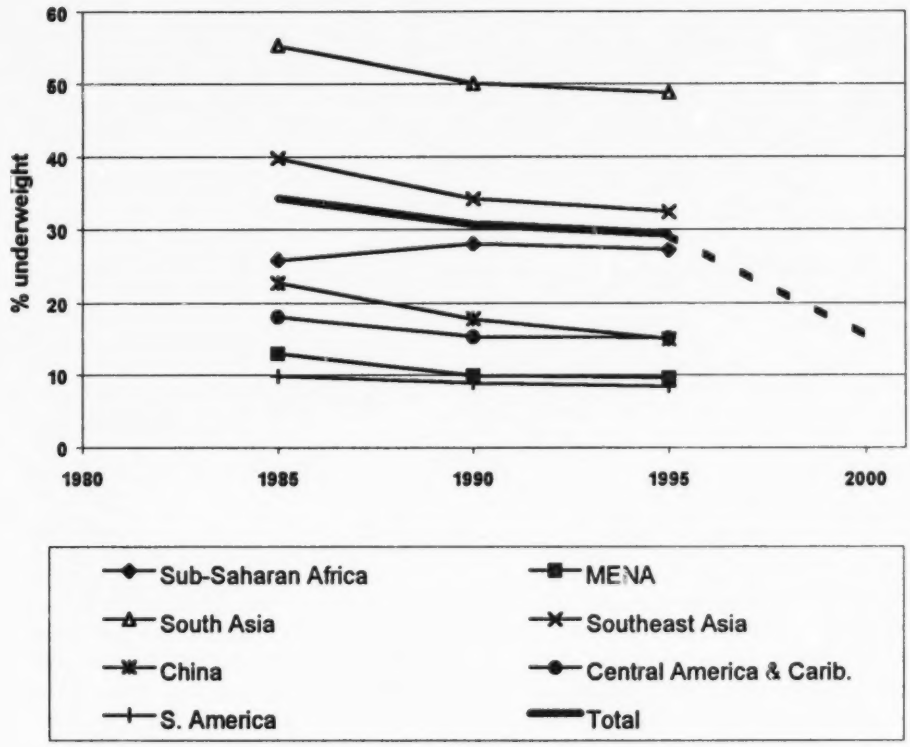
21. The goal is to reduce severe and moderate malnutrition among children under five years of age by one half of 1990 levels. Data on child malnutrition from the Administrative Committee on Coordination Subcommittee on Nutrition show that there has been some improvement in reducing child malnutrition worldwide, but the rate of improvement has decreased substantially in the 1990s as compared to the 1980s (see figure 2 below). Global estimates show a decline from 34 per cent in 1985 to 31 per cent in 1990 and 29 per cent in 1995. For most countries, the rate of decline is substantially lower than what is required to achieve the goal. (See the annex for information on steps taken to implement the strategy for improved nutrition of children and women in developing countries.)

22. Nutritional status is determined not only by household-level factors related to food, health and care, but also by such societal factors as the status of women and macroeconomic factors that affect the resource mobilization capacity of the poor. Improving the status of women and advocacy in favour of social safety nets and social sector spending contribute to reducing malnutrition. Growth faltering seems most commonly to occur between the ages of 3 and 12 months. Before and after this critical period, most children grow at rates that are normal for their age. Many programmes aimed at reducing malnutrition rates fail to focus on this early critical period. There is also a critical link between nutrition in pregnancy and adolescence and the growth and development capacity of young children, which most programmes fail to address.

23. Exclusive breast-feeding is an important action that can help maintain normal growth until six months of age. The Baby-Friendly Hospital Initiative, which aims to protect and promote exclusive breast-feeding, is now operational in nearly 14,000 maternity facilities in 117 countries. However, inadequate complementary feeding, in terms of content, frequency and low-energy density during the second semester of life, remains a problem in many countries.

24. *Areas of focus.* While work must continue to change the fundamental social conditions that impede nutrition, it is imperative also to focus on a number of feasible actions that can result relatively quickly in direct and measurable nutrition improvement. Priority actions for UNICEF include: (a) continued support for breast-feeding; (b) improved complementary feeding; (c) vitamin A supplementation; (d) universal salt iodization; (e) iron and folate supplementation; and (f) growth monitoring in communities and health facilities.

Figure II - Child malnutrition, 1985-2000



Source: ACC/SCN

Safe water and sanitation

25. The goal is to have universal access to safe drinking water and to sanitary means of excreta disposal. Difficulties in measurement, including the differences in the definition of access between countries and even within countries over time, are being ameliorated by efforts to improve routine monitoring systems, bolstered by household surveys (including MICS). The most recent data include reports from 70 such surveys (MICS and demographic and household surveys) and censuses carried out over the last three years.

26. Bearing in mind these data problems, some indicative trends have emerged. From 1990 to the latest data available, access to safe water increased from 45 to 58 per cent in Africa, from 61 to 73 per cent in East Asia and the Pacific and from 79 to 84 per cent in West Asia, and stagnated

at 78 per cent in Latin America and the Caribbean. Access to sanitation has increased from 36 to 52 per cent in Africa, from 30 to 35 per cent in East Asia and the Pacific, from 65 to 68 per cent in West Asia and from 69 to 71 per cent in the Americas and the Caribbean. Markedly improved efforts would have to occur for this goal to be achieved globally or in any region.

27. WHO attributes about 3 million child deaths per year to a lack of hygiene and sanitation. Access to safe drinking water and sanitation are necessary but insufficient conditions to reduce mortality and morbidity in children from diarrhoea and other water-related diseases. This calls for greater synergy among interventions for safe water supply, sanitation, hygiene, health, nutrition and education to ensure the required behavioural changes.

28. *Areas of focus.* To achieve behavioural change, it is necessary to ensure an integrated approach through which sanitation and hygiene education are closely associated with IMCI, early childhood education and primary school education, with a view to informing all segments of society about hygiene and environmental sanitation. Particular attention should be paid to poor urban populations, especially within the context of globalization and trends towards privatization of services, to prevent their further marginalization. The demand for sanitation services must be increased, including through communication interventions aimed at promoting popular participation and increasing the appreciation of the benefits of environmental sanitation. People and communities should be involved in the choice of technologies appropriate to their social, cultural and economic conditions. Country-level capacities to monitor access to water and sanitation and the effective use of services need to be strengthened and decentralization of decision-making in these areas must be enhanced.

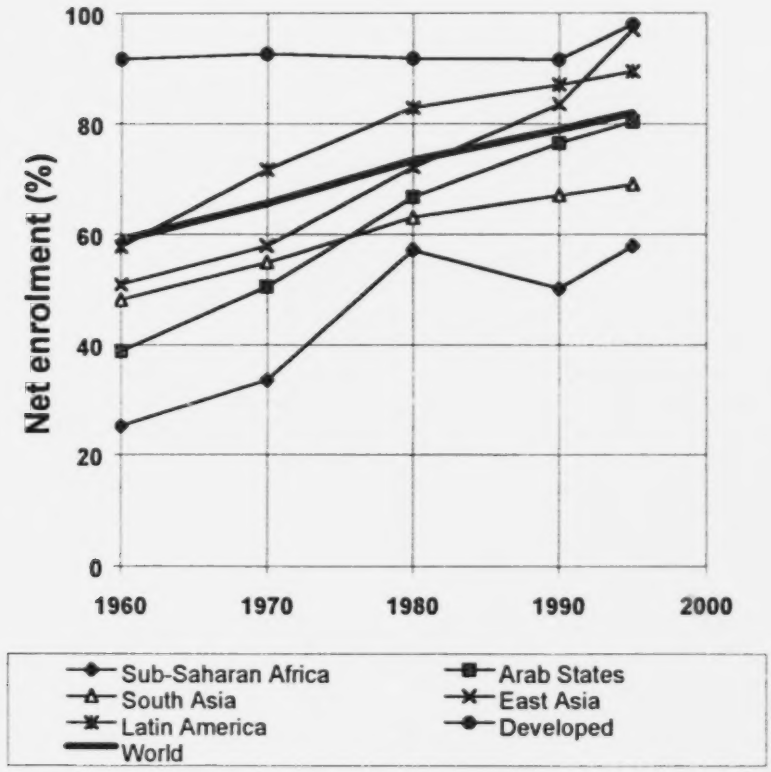
Basic education

29. The goal is to have universal access to basic education and completion of primary education by at least 80 per cent of primary-school-age children. The number of children in primary school continues to increase both globally and for all regions, as indicated in figure 3 (see next page). According to currently available data, however, the increase is insufficient to reach universal access by the year 2000, except in East Asia and the Pacific, Central and Eastern Europe, CIS and the Baltic States and the industrialized countries. The disparity between girls and boys also has been slow to change, with current estimates of gender differences in primary school enrolment of 12 percentage points in South Asia, 9 percentage points in the Middle East and North Africa and 6 percentage points in sub-Saharan Africa.

30. Today, 140 million primary-school-age children still are not in school and many who start school do not reach a minimum level of education (grade 5) before they leave. Only about 60 per cent reach grade 5 in South Asia and two thirds in sub-Saharan Africa. While the numbers of children in school have increased over the last 20 years, the increase sometimes has been at the expense of educational quality.

31. *Areas of focus.* To achieve universal access to basic education, it is essential to close persisting gaps, particularly gender gaps, and to provide equal opportunities for all children. Moreover, access to education must be complemented with quality and relevance of learning in a "child-friendly" environment. Educational systems must be more diverse and flexible to accommodate children's different learning needs through enhanced participatory school systems. Monitoring systems must be reinforced because some of the largest countries do not report on how many primary-school-aged children attend school.

Figure III - Primary school enrolment ratio, 1960-2000



Source: UNESCO and UNICEF

Child protection

32. In contrast to the other major goals, the protection of children in especially difficult circumstances was not expressed in quantitative form in the Summit Plan of Action, but instead as the need to ensure improvement and to tackle the root causes leading to such situations. Progress towards the goal can nonetheless be assessed through a number of qualitative indications:

(a) Following the ratification of the Convention on the Rights of the Child and with the increasing mobilization of civil society around children's rights, child protection concerns have been addressed in the reports submitted by States Parties to the Committee on the Rights of the Child and by most NPAs. These documents often have led to the development of detailed plans of action with specific targets;

(b) Children needing special protection have increased visibility, largely owing to international mobilization around such issues as the impact of armed conflict on children, child labour and sexual exploitation. The agendas for action arising from the report by Mrs. Graça Machel to the General Assembly on the impact of armed conflict on children, the World Congress against Commercial Sexual Exploitation of Children and the Oslo Conference on Child Labour, together with the implementation of the Convention on the Rights of the Child, have paved the way for important national legal and institutional reforms; advocacy campaigns; training, particularly of governmental officials; rehabilitation programmes; research; and data collection. Increasing understanding of the magnitude of the deaths and disabilities caused by land-mines has prompted a global movement for a total ban on their production, stockpiling and sale, resulting in the adoption of the Ottawa Convention. This movement has paved the way for mine awareness and rehabilitation programmes, including education and assistance to children disabled by land-mines;

(c) Several Governments, including those of Canada, the Netherlands, Sweden and the United Kingdom, have included children's rights within policy frameworks guiding development assistance. The Government of Viet Nam increased its allocation of resources to child protection. In the Philippines, the Oslo Agenda for Action already has been incorporated into the guidelines for the 1998 work and financial plans of governmental and non-governmental partners at national and local levels. In Colombia, the launch of a children's movement in favour of peace culminated with a nationwide "mandate for peace" which in turn led to the demobilization of soldiers below the age of 18 years;

(d) Considerably fewer children are now disabled by polio, other vaccine-preventable diseases or dracunculiasis; fewer children are at risk of disability caused by severe malnutrition or low birth weight; and fewer are losing their sight from vitamin A deficiency or are mentally impaired because of iodine deficiency. It is essential to ensure that these gains be sustained and that equal results be achieved in countries affected by emergencies, while further steps be taken to promote the early identification of risk or disability through monitoring, early intervention and the prevention of discrimination, stigmatization and social exclusion of disabled children;

(e) Recognition of the importance of a multi-disciplinary approach to the situation of children in need of special protection has led to the development of new alliances between legislative, judicial and economic bodies, human rights institutions and non-governmental organizations (NGOs). These alliances, which also involve communities and families, have resulted, for example, in a programme on education for working children in the Philippines and the enactment of legislation on compulsory education in Sri Lanka;

(f) UNICEF has worked to improve understanding of these realities through studies, surveys and programme interventions and consolidated its conceptual approach in the policy on children in need of special protection that was adopted by the Executive Board in 1996 (E/ICEF/1996/14). UNICEF has promoted wide advocacy in these areas, for example through issues of the *State of the World's Children* devoted to armed conflict and child labour. Programmatic responses have also increased; in the period 1994-1996, more than three quarters of country programmes addressed child protection issues and in countries where child rights are being placed at the centre of the country programme exercise, child protection issues have been integrated within sectoral programmes. Examples include UNICEF support for the demobilization and reintegration of child soldiers in Colombia and Rwanda; the promotion of education for peace in Liberia; the development of programmes of action against sexual exploitation and child labour, including through educational programmes, in the Philippines; and the development of land-mine awareness campaigns in Angola and in Bosnia and Herzegovina.

33. *Areas of focus.* As the first line of protection for children, families require special assistance in their child-rearing responsibilities, particularly in situations where children are especially vulnerable. Children requiring special protection should be given priority attention and the root causes leading to their vulnerability have to be considered and addressed, including through the promotion of participatory interventions. The strengths of UNICEF in conventional programming areas provides a solid basis for the development of preventive strategies that reduce risks for children. The promotion of universal access to basic education and the improvement of the quality and relevance of educational systems are essential strategies towards that end.

III. Priority areas for action in the period 1998-2000

34. The rapidly changing global context, as described in chapter I above, has created both opportunities for and constraints to achieving the goals of the World Summit for Children in the broader context of the realization of children's rights. These circumstances and the limited time left until the year 2000 demand strategic responses by Governments, the international community and UNICEF if the goals are to be achieved by then.

35. In ratifying the Convention on the Rights of the Child, Governments have committed themselves to ensuring the realization of children's rights, including always to act in the "best interest of the child" and to protect every child from any form of discrimination. In this spirit and as signatories to the declarations of the World Summit for Children and other major international conferences, Governments have made a commitment to keep the promises made, including a "first call" on resources for children. Thus, Governments are required to allocate to the maximum extent all available resources for the realization of the economic, social and cultural rights of children and to assign at least 20 per cent of public expenditure to basic social services.

36. To ensure steady progress, Governments should conduct periodic reviews of measures undertaken and their impact on children; identify national and subnational benchmarks towards the full realization of children's rights; and take necessary corrective actions to ensure that they are met or furthered. This process should promote the active involvement of all relevant actors of civil society and strengthen families' capacities to care for and protect children, while enhancing the ability of local-level institutions to support them in this endeavour.

37. One of the most urgent challenges is to strengthen national capacities to monitor progress towards the end-decade goals because of the many gaps and weaknesses in the assessment data required. The experience of the mid-decade goals has demonstrated that filling these gaps is feasible on a national and on a global level, if a concerted and multi-partner commitment is made and sustained. However, it will require a massive effort, even larger than for the mid-decade review, to cover more countries and include such additional measures as vitamin A levels in blood, learning achievement of adolescents and current U5MR. Appropriate tools and methodologies must be created, drawing heavily on what has been tried and tested. Workshops need to be held on how to use these mechanisms at country level and adapt them to national realities. Additional technical support must be provided and additional resources obtained. Preliminary estimates suggest that as much as an additional $20 million are needed for improving measurement capacities. Equally important is strengthening the partnership created with Governments, NGOs, United Nations agencies, other international organizations and bilateral partners during and after the World Summit for Children that was utilized during the mid-decade assessment.

38. The following, broadly stated, short-term priorities for UNICEF emerged from an internal review of progress towards the end-decade goals. The selection of countries for focused attention and the development of action plans will take place in consultation with regional and country

offices and government authorities, taking into account the existing country programmes approved by the Executive Board:

(a) Strengthening the capacities of families and communities to act as the first line of protection for children, with special emphasis on improving the situation of women and the realization of the rights of individual family members;

(b) Supporting better collection, monitoring and utilization of data at national and regional levels;

(c) Focusing on direct assistance to countries with the highest U5MR;

(d) Devising an integrated approach to early childhood care and development that addresses the physical, emotional and intellectual development of children through health, nutrition, early learning and better parenting, including through the promotion of the rights and role of women;

(e) Giving greater emphasis to reducing maternal mortality, including a renewed focus for a "mother-friendly" movement that uses the principles of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women to stress rights to access to essential obstetric services and women's health care and nutrition, and to promote the increased training of community midwives;

(f) Renewing efforts to: sustain the drive for universal child immunization, paying special attention to polio eradication and the expansion of measles vaccine coverage to 90 per cent; promote vitamin A supplementation in countries where it is deficient; sustain salt iodization; promote personal hygiene and household sanitation, and reduce malaria deaths and the vertical transmission of HIV/AIDS, particularly in sub-Saharan Africa and South Asia;

(g) Expanding and improving the quality of basic education, ensuring equal opportunities and equity for girls and children belonging to the most disadvantaged groups;

(h) Advocating the rights of children in need of special protection, including the rights to health, basic education and protection from abuse and neglect, to ensure that they receive priority attention from national authorities and other relevant partners. Children in armed conflict, AIDS orphans, child victims of sexual exploitation and child labour and children involved in the juvenile justice system should receive priority attention during this period.

IV. Recommendation

39. The Executive Director *recommends* that the Executive Board adopt the following draft decision:

The Executive Board

1. *Notes* with satisfaction the overall progress being made in the implementation of the Declaration of the World Summit for Children and its contribution to the realization of children's rights

2 *Recognizes* that urgent measures need to be taken to reach the goals for the year 2000 established by the Summit and in this context, urges Governments to allocate to the maximum extent possible resources for the economic, social and cultural rights of children, bearing in mind, as appropriate, the levels of 20 per cent of total ODA and national budgetary allocations for basic social services and the goal of allocating 0.7 per cent of GNP to development cooperation;

3. *Supports* the priority actions identified by the secretariat to accelerate progress towards achieving the Summit goals by the year 2000 as well as the process developed to measure progress;

4. *Encourages* Governments to conduct periodic national and subnational reviews of progress in implementing the Summit Declaration, in the context of implementing the Convention on the Rights of the Child;

5. *Requests* the Executive Director to support the Secretary-General in the preparation of his report to the fifty-third session of the General Assembly on the preparation of the Assembly's special session in 2001 to review achievement of the goals of the World Summit for Children;

6. *Further requests* the Executive Director to report on the implementation of the present decision to the Executive Board at its annual session 1999.

Annex

Steps taken to implement the strategy for improved nutrition of children and women in developing countries

The nutrition strategy

1. The UNICEF nutrition strategy views nutrition as a basic human right. It addresses obligations arising out the Universal Declaration of Human Rights and the Convention on the Rights of the Child, both of which include the right to freedom from hunger and malnutrition.

2. The nutrition strategy conceptualizes nutrition both as an outcome of development and as an input that can accelerate and sustain human development. For improving nutrition as an outcome, the nutrition strategy proposes a methodology for the identification of appropriate actions in a given context through situation assessment and analysis, rather than a predetermined set of technical interventions. Central to the methodology is a conceptual framework reflecting the multi-sectoral nature of malnutrition. A community-based monitoring system is key to the assessment.

3. Implementation of the full nutrition strategy involves both top-down and bottom-up elements. Nutritional inputs for accelerating and sustaining human development are the top-down elements, and include delivery of fortified foods and nutrient supplements. The bottom-up component involves participation, through which those most affected become actors in achieving better nutrition, thus improving sustainability. Implementation of the full nutrition strategy, with community assessment, analysis and action, is increasingly common in all regions, especially in countries where decentralization is taking place.

Training on the nutrition strategy

4. From 1990 to 1995, 14 global and regional workshops, covering all regions, trained over 300 participants, including UNICEF staff members, consultants and government counterparts. The training provided hands-on experience in using the nutrition strategy as well as technical information on the science of nutrition. Trainees were required in turn to carry out training in their own countries, with the result that an estimated 3,000-4,000 professionals in developing countries have been trained in the nutrition strategy since 1990.

Nutrition information dissemination and policy advocacy

5. For the last six years, selected monthly technical papers on nutrition and breast-feeding, technical guidelines and programme descriptions from partner institutions have been sent to a network of 800 nutrition professionals in developing countries. Many of the recipients are trainees from the nutrition strategy workshops.

6. Through support provided to the Administrative Committee on Coordination Subcommittee on Nutrition (SCN) inter-agency forum on nutrition, thematic revues and policy analyses have been carried out regularly. SCN publications include regular updates on the progress towards the nutrition goals and reviews of best practices. Other United Nations agencies and the academic community at large have adopted the nutrition strategy and the conceptual framework.

7. Regional initiatives have different emphases, with the Americas region leading the way on food fortification and decentralization, and Asia on geographic mapping of children's situations and collaboration with the Bretton Woods institutions for joint programming for nutrition.

Country programming and nutrition

8. Since the nutrition strategy was approved by the Executive Board in 1990, at least 40 countries have carried out situation analyses, as prescribed in the strategy's conceptual framework, looking at basic, underlying and immediate causes of malnutrition. The framework also has been applied to other child survival and development issues in addition to nutrition, indicating its broad applicability. Since the World Summit for Children, nutrition has been more prominent in UNICEF country programmes. Together with the Summit goals, the momentum of the nutrition strategy and its related training effort have synergistically accelerated UNICEF support for nutrition programmes.

Breast-feeding and complementary feeding

9. The nutrition strategy highlights breast-feeding protection, promotion and support. The International Code of Marketing of Breast-milk Substitutes is an example of the protection of nutrition as a right. UNICEF has supported six regional training courses on the implementation of the code in the last two years and is supporting legislative development and training work in many countries.

10. Several country reports suggest that the Baby-Friendly Hospital Initiative has had a positive impact on breast-feeding patterns beyond the post-partum hospital stay and, importantly, on diarrhoea-related mortality and morbidity. More than 1 million health workers have been trained in the "10 steps to successful breast-feeding".

11. Inadequate complementary feeding remains a problem in many countries. Later in 1998, UNICEF, together with the World Health Organization (WHO), will release a state-of-the-art scientific review of nutritional and care issues related to complementary feeding. The review also will define further actions that are needed.

Micronutrients

12. Remarkable advances have been made in the area of micronutrients, as documented in the *State of the World's Children* 1998 on nutrition. Substantial donor support for this area has come from the Governments of Canada, the Netherlands and the United States. For the elimination of iodine deficiency disorders, with special support from the Kiwanis, $64 million has been spent to help "kick start" or revitalize salt iodization programmes in over 80 countries. Nearly 60 per cent of edible salt in the world is now iodized.

13. UNICEF has spent over $14 million supplying vitamin A capsules. The majority of 78 countries with vitamin A deficiency problems now distribute periodic high-dose supplements of vitamin A.

14. UNICEF is also a major supplier of iron-folate tablets, and spent $7.5 million in 1993-1996 shipping 2.7 billion tablets to 122 countries. Progress in the reduction of maternal anaemia has been less successful than in the reduction of iodine and vitamin A deficiencies.

15. In the future, fortification of staple foods offers a more sustainable cost-effective way of ensuring micronutrient intakes and the Americas region is leading the way in this area.

Integrated cross-sectoral, bottom-up approaches

16. The UNICEF Care Initiative has been the focus of nine workshops in developing countries in the last two years. The initiative aims to help country programmes promote care for better nutrition, including young child feeding, home health and hygiene practices, cognitive and emotional stimulation of young children and care for women. These elements of care, together with assessment and analysis of resources, help to focus the agenda of multi-sectoral, bottom-up approaches for better nutrition.

17. Decentralized achievement of goals is being pursued in many countries. In Indonesia, for example, a conceptual framework guides district-level planning for maternal and child survival, development and protection in support of national goal achievement. Similar decentralized approaches based on the nutrition strategy are underway in Cambodia, the Philippines and Viet Nam. Successful UNICEF-supported, integrated programmes in such countries as Brazil, Niger, Thailand and the United Republic of Tanzania have depended on community-controlled information systems about child care, powered by growth monitoring.

18. The new household and community-based component of the integrated management of childhood illness approach, being developed under UNICEF leadership in coordination with WHO, will build on experience gained in the development and implementation of the Care Initiative.